CENTER	RS FOR MEDICARI	H AND HUMAN SERVICES & MEDICAID SERVICES	45	L 7/02/11	FORM OMB NO	05/19/201 APPROVE 0. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	TIPLE CONSTRUCTIÓN NG	(X3) DATE S COMPL	
		445190	B. WING _		05/1	18/2011
	ROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CODI 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 000	INITIAL COMMEN	тѕ	F 000			
	completed during t conducted on May					
	PROFESSIONAL S The services provide	RVICES PROVIDED MEET STANDARDS ded or arranged by the facility ional standards of quality.	F 281	1.Order for Ensure for resident was confirmed with dietary time error was found.	at	5/11/1
THE HE SHEET AND ADDRESS OF THE SHEET ADDRESS OF THE SHEET AND ADDRESS OF THE SHEET AND ADDRESS OF THE SHEET AND ADDRESS OF THE SHEET ADDRESS O	by: Based on medical the facility failed to Ensure (dietary sup	NT is not met as evidenced record review and interview, follow a Physician's Order for oplement) for one resident #25		2. All Dietary orders were revito ensure any ordered supple were being served to approresidents.3. A copy of all Dietary orders	lements priate	5/æ/ 4
	The findings include	ed:		supplements, will be provided by Dietary Manager at the time are written/received, effectives.	e they	Smill
	11, 2011, with diag Hypertension, and a Medical record revi transfer orders date	ew of the Physician hospital ed May 5, 2011, revealed		and on-going. 4. Weekly audits by DON/des be conducted to ensure discompliance with suppleme audits will be reported to reported to reported to reported.	etary nt orders.	5/17/11 \
		rest wing Registered Nurse d the Dietary Supervisor in the		X3 for one quarter.	- Saio	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plants of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		445190	B. WING_		05/1	8/2011	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			2	REET ADDRESS, CITY, STATE, Z 250 BELLEBROOK RD BRISTOL, TN 37620	IP CODE		
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F 281	dietary supplement and the dietary dep request for the resi Continued interview	age 1 2011, at 8:34 a.m., confirmed s are prepared in the kitchen, eartment had not received a dent to receive the Ensure. V at this time confirmed of received Ensure from the	F 281				
F 371 SS=C	The facility must - (1) Procure food fro considered satisfac authorities; and (2) Store, prepare, under sanitary cond	SERVE - SANITARY om sources approved or story by Federal, State or local distribute and serve food ditions		Beard protection was profor Dietary Aide #1 and Aide #2 was clean-shave Sanitizing soulution was removed and stored professional formula in the solution was immediately and stored All residents have the performance of the solution was immediately and stored All residents have the performance of the solution was immediately and stored All residents have the performance of the solution was immediately and stored All residents have the performance of the solution was immediately and stored and stored are solved and stored are solved and stored and stored are solved and stored and stored are solved are solved as solved and stored are solved are solved and stored are solved and stored are solved are solved and stored are solved are solved and stored are solved are solved are solved are solved are solved are solved are	Dietary en on 5/18. immediately operly. otential to be stored solutions removed d properly.	5/18/11	
	by: Based on observate failed to ensure matcoverings on beard sanitizing solution with products. The findings included Observation on Markitchen, revealed Dunprotected beard, at the time of observation on observation on the control of the contro	ion and interview, the facility le staff wore protective s, and to ensure hazardous was separated from food ed: y 16, 2011, at 6:20 p.m., in the lietary Aide #1 had a full Interview with Dietary Aide #1 vation revealed the aide had ing food on the supper tray	3.	affected by unprotected Beard guards were prov	I beards. ided immediately. removed and stored lards were e #1 and Dietary en. In-service ded to these aides provided to the	5/17/11	

		I WEDIOAID GERVIOLG				0000 0001
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION NG	(X3) DATE SI COMPLE	
		445190	B. WING		- 05/1	8/2011
	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, 250 BELLEBROOK RD BRISTOL, TN 37620	ZIP CODE	
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F 371	Continued From pa	ige 2	F 37			5/18/11
	revealed two small multiquat (sanitizing the cooking oil. Interview with the D	tion with Dietary Aide #1 buckets without lids, filled with g solution) were stored next to Dietary Aide #1 at time of ned the sanitizing solution was booking oil.	4.	Inspection audits will be the dietary Manager, to for one quarter to ensure stored properly and wear appropriate protections. Audits will be submitted QA&A meeting x3 more	the dietician, or desigure that materials and that employees ective coverings.	nee
	2011, at 11:23 a.m. Dietary Supervisor, working the food se unprotected beard.	lunch tray line on May 17, ., in the kitchen, with the revealed Dietary Aide #2 erving tray line with an Observation also revealed rking in the area around the ected beard.				
	2011, at 11:25 a.m. confirmed the male beards, verified sta	Dietary Supervisor on May 17, ., in the Dietary Department, staff had no protection on the ff are to wear protection on the roducts are not to be stored itizing solutions.				
	483.75(I)(1) RES RECORDS-COMP LE	LETE/ACCURATE/ACCESSIB	F 514	1		
	resident in accorda standards and prac	aintain clinical records on each nce with accepted professional ctices that are complete; nted; readily accessible; and nized.				
	The clinical record	must contain sufficient				

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		445190	B. WING_		05/1	8/2011	
	PROVIDER OR SUPPLIER DGE HOUSE, THE		2	REET ADDRESS, CITY, STATE 50 BELLEBROOK RD BRISTOL, TN 37620	, ZIP CODE		
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F 514	resident's assessm services provided;	tify the resident; a record of the lents; the plan of care and the results of any ening conducted by the State;	İ	The MAR belonging to I immediately corrected found.	when error was	6/17/4	
	by: Based on medical the facility failed to	NT is not met as evidenced record review and interview complete an accurate clinical 5) of twenty-five residents	3.	All dietary orders and to ensure any ordered documented correctly Education with license will be conducted region documentation accura	supplements were d nursing personnel arding	5/20/11 4/8/11	
	admitted to the faci diagnoses including and Atrial Fibrillatio Medical record revi administration reco revealed document supplement) initializ May 12, 2011 throu Interview with the w (RN) supervisor and (LPN) #1 on the 10 8:32 a.m., confirmed	ew revealed resident #25 was lity on May 11, 2011, with a Hip Fracture, Hypertension, n. ew of a medication rd (MAR) dated May 2011, ation of Ensure (dietary zed as given by charge nurse's		Weekly audits by DON regarding documentar will be conducted. Ausubmitted and review regular QA&A meeting quarter.	/designee tion accuracy dits will be ed at the	6/8/11	
	(RN) supervisor and manager in the kitc a.m., confirmed tha	rest wing Registered Nurse d the Dietary assistant hen on May 17, 2011, at 8:34 t dietary supplements are hen. Continued interview at					

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F 514	Continued From parties time confirmed received Ensure from the confirmed Ensure from t	that resident #25 had not	F 514				